



REQUESTING A HEARING. THE PURPOSE OF A HEARING IS TO GIVE YOU THE MEANS OF SHOWING THAT THE ACTION YOU DISPUTE WAS DUE TO AN **ERROR** ON THE PART OF THE COUNTY SOCIAL SERVICE BOARD, SUCH AS NOT HAVING THE CORRECT FACTS OR NOT APPLYING THE CORRECT RULES. IT IS NOT AN AUTOMATIC REVIEW OR "SECOND OPINION." THE BURDEN OF SHOWING HOW THE COUNTY ERRED IS ON YOU. IF YOU ARE CLAIMING THAT THE COUNTY MADE AN ERROR, THEN YOU WILL MOST LIKELY WANT TO REQUEST A HEARING TO PRESENT YOUR EVIDENCE AND CHALLENGE THE COUNTY'S FACTS. IF SO, PLEASE COMPLETE THE HEARING REQUEST FORM.

Name:			
Address: (Street)	City:	State:	Zip Code:

STEP 2: EXPLAIN THE ERROR THAT YOU CLAIM WAS MADE. Attach additional sheets if needed.

EXPLAIN THE ERROR THAT YOU CLAIM WAS MADE. Attach additional sheets if needed.

Signature:	Date:
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I Authorize the Person Named Below to Assist Me in My Appeal:

Name:			
Address: (Street)	City:	State:	Zip Code:
Your Signature:			

STEP 5: DELIVER THIS HEARING REQUEST, AND THE NOTICE YOU ARE CONTESTING, TO THE COUNTY SOCIAL SERVICE BOARD OFFICE LISTED ON THE NOTICE. They will then forward it to the Department of Human Services in Bismarck. If your appeal is timely, the next step will be to schedule your hearing. You will be notified of the date, time, and place of the hearing.